



Wood Stove Replacement Rebate Program Countywide

The County of Marin is offering rebates for the proper removal and replacement of non-EPA certified wood-burning appliances (e.g. wood stoves including inserts and traditional fireplaces) with cleaner burning appliances (EPA Phase II certified appliances, pellet stoves or natural gas appliances). By removing your non-EPA certified wood wood-burning appliance, you will help improve air quality for you and your community. This program is available to homes in unincorporated Marin County and any Marin city or town. Rebates are available on a first-come, first-served basis until funds are depleted.

What Qualifies?

- | | |
|--|-------|
| 1. Removal of non-certified wood burning appliance, insert, or fireplace. Recycling of removed appliance required. | \$250 |
| 2. Removal <u>and</u> replacement of non-certified wood burning appliance with compliant wood-burning appliance. | \$325 |

What are the requirements?

1. Complete **Rebate Application Form** and attach the required documents. (next page)

Visit www.maringreenbuilding.org for required forms and information on the following:

1. Approved recycling/scraping facilities accepting wood stoves for disabling/destruction (Note: the device may not be resold, reused or installed within the nine counties of the Bay Area Air Quality Management District).
2. Wood stove retailers providing 10% discounts on appliances.
3. Financing options and additional rebates.

Questions?

Please call 415-473-2698 or email energy@marincounty.org.

Marin County Wood Stove Rebate Application Countywide

To apply for a rebate, complete this application and submit to:

Marin County Community Development Agency

Attn: Wood Stove Rebate Program

3501 Civic Center Drive, Room 308, San Rafael, CA 94903

Fax: 415.473.7880

Email: energy@marincounty.org

Applicant Name: _____

Property Address: _____

Phone Number: _____ Email: _____

Mailing Address (if different): _____

Removal Only

The following documents have been attached:

- Verification** of removal of wood burning stove, insert or decommissioned fireplace (photo or letter from contractor).
- Receipt** for the recycled stove or insert from an approved recycling facility.

Removal and Replacement

Type of New Replacement Stove: Propane Pellet Other: _____

Manufacturer and Model Name: _____

Installer: _____

Building Permit Number: _____

The following documents have been attached:

- Receipt** for the recycled stove or insert from an approved recycling facility.
- Building permit** from the County of Marin Building Division for installation of new appliance.

Applicant Signature

Date

VENDOR AND ELECTRONIC FUNDS TRANSFER PAYMENT APPLICATION



New Vendor - Complete sections A, B, C
Vendor Change - As relevant, complete sections A, B, C, D

COUNTY OF MARIN

Department of Finance - Accounts Payable Division
3501 Civic Center Drive Suite 225 San Rafael CA 94903

*required fields

Vendor Number _____

SECTION A: VENDOR INFORMATION AS REGISTERED WITH THE IRS

*** NAME**

LAST NAME _____ FIRST NAME _____

*** BUSINESS NAME, IF DIFFERENT FROM ABOVE**

*** BUSINESS ADDRESS**

ADDRESS _____ SUITE/APT _____

CITY _____ STATE _____ ZIP CODE _____

PO BOX NUMBER _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ FAX _____ EMAIL _____

REMIT TO NAME _____

* COUNTY OF MARIN EMPLOYEE PERNR (if applicable): _____

REMIT ADDRESS IF DIFFERENT FROM ABOVE

ADDRESS _____ SUITE/APT _____

CITY _____ STATE _____ ZIP CODE _____

FEDERAL TAXPAYER IDENTIFICATION NUMBER AND CLASSIFICATION

* SIGNED W-9 REQUIRED <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

*** FEDERAL TAX IDENTIFICATION NUMBER (TIN)**

SOCIAL SECURITY NO. _____ OR FEDERAL EMPLOYER ID. NO. _____

*** FEDERAL TAX CLASSIFICATION (check only one)**

Individual/Sole Proprietor or Single-owner LLC S-Corporation Corporation or LLC electing corporate status
Partnership or multi-member LLC Trust or Estate Medical Corporation Federal Government / Military
Public Entity, Public schools, college or university State or Local Government Other _____

*** DESCRIPTION OF BUSINESS OR SERVICES PROVIDED TO THE COUNTY**

Equipment, Supplies Rent Royalties Other Income Non-Med Services
Medical Services Attorney Fees Legal Settlement Travel Reimbursement Interest

OUT OF STATE VENDORS ONLY

* CALIFORNIA RESIDENT (REQUIRED: physical address or CA Secretary of State (SOS) No.), attach Form 590

* NON-RESIDENT (no physical address or CA Secretary of State SOS No.) attach Form 587

IF APPLICABLE, attach a waiver of CA withholding from the Franchise Tax Board

<https://www.ftb.ca.gov/>

* If Foreign Vendor: COUNTRY OF RESIDENCE _____

Attach Form W-8 BEN

<https://www.irs.gov/pub/irs-pdf/fw8bene.pdf>

SECTION B: EFT PAYMENT AND DIRECT DEPOSIT INFORMATION REQUIRED

REQUESTED EXCEPTIONS WILL BE CONSIDERED BY THE DIRECTOR OF FINANCE OR THEIR DESIGNEE AND WILL DELAY PROCESSING OF THE VENDOR RECORD

* NAME OF FINANCIAL INSTITUTION _____

* ADDRESS OF FINANCIAL INSTITUTION _____

SUITE _____

* CITY _____ * STATE _____ * ZIP CODE _____

* ROUTING NUMBER _____ * ACCOUNT NUMBER _____

* NAME ON ACCOUNT _____

* TYPE OF ACCOUNT: SELECT CHECKING Attach Voided Check SAVING

REMITTANCE EMAIL 1 _____ EMAIL2 _____

SECTION C: VENDOR CONTACT INFORMATION

NAME _____ TITLE _____

TELEPHONE _____ FAX _____ EMAIL _____

CERTIFICATION: I certify that the information provided on this vendor form and applicable attachments is accurate to the best of my knowledge. If any changes occur, I will promptly inform you.

* SIGNATURE _____ DATE _____

* PRINT NAME _____ TELEPHONE _____

If you need further assistance in completing this form, please call Department of Finance at (415) 473-6154. Request for accommodation may be made by calling (415) 473-4381 (Voice/TTY), 711 for California Relay Service or by e-mail at disabilityaccess@marincounty.org. Copies of documents are available in alternative formats, upon request.

County of Marin

Vendor Number _____

Department Contact _____

Telephone _____

Date _____ Email _____

SECTION D: PREVIOUS VENDOR INFORMATION ONLY

* REASON FOR CHANGE (NEW OWNERSHIP, COMPANY RESTRUCTURE, RELOCATION, OTHER)

* PREVIOUS BUSINESS NAME _____

* PREVIOUS TAX ID _____ * DATE OF CHANGE _____

PREVIOUS BUSINESS ADDRESS _____

* PREVIOUS PAYMENT ADDRESS, IF DIFFERENT FROM BUSINESS ADDRESS

ADDRESS _____ SUITE/APT _____

CITY _____ STATE _____ ZIP CODE _____

Instructions to complete County of Marin Vendor and Electronic Funds Transfer Payment Application Form

- 1) Complete County Vendor form in full
- 2) Complete and attach all requisite forms. Website links for the requisite forms:

[Form W9 request For Taxpayer identification Number and Certification](https://www.irs.gov/pub/irs-pdf/fw9.pdf)
<https://www.irs.gov/pub/irs-pdf/fw9.pdf>

[Form 590 Resident Withholding Exemption Certificate](https://www.ftb.ca.gov/forms/misc/590.pdf)
<https://www.ftb.ca.gov/forms/misc/590.pdf>

[Form 587 Non-Resident Withholding Allocation Worksheet](https://www.ftb.ca.gov/forms/misc/587.pdf)
<https://www.ftb.ca.gov/forms/misc/587.pdf>

- 3) Send completed vendor form and all applicable attachments via:
 - Email to DOF-APVendor@marincounty.org
 - Fax to (415) 473-3680
 - U.S Mail to: Department of Finance AP Division 3501 Civic Center Drive Suite 225 San Rafael CA 94903

Withholding Exemption Certificate

(This form can only be used to certify exemption from nonresident withholding under California R&TC Section 18662. This form cannot be used for exemption from wage withholding.)

File this form with your withholding agent.
(Please type or print)

Withholding agent's name

Vendor/Payee's name

Vendor/Payee's Social security number
 SOS no. California corp. no. FEIN

Note:
Failure to furnish your identification number will make this certificate void.

Vendor/Payee's address (number and street)

APT no. Private Mailbox no. Vendor/Payee's daytime telephone no.
()

City

State

ZIP Code

I certify that for the reasons checked below, the entity or individual named on this form is exempt from the California income tax withholding requirement on payment(s) made to the entity or individual. Read the following carefully and check the box that applies to the vendor/payee:

Individuals — Certification of Residency:

I am a resident of California and I reside at the address shown above. If I become a nonresident at any time, I will promptly inform the withholding agent. See instructions for Form 590, General Information D, for the definition of a resident.

Corporations:

The above-named corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State to do business in California. The corporation will withhold on payments of California source income to nonresidents when required. If this corporation ceases to have a permanent place of business in California or ceases to be qualified to do business in California, I will promptly inform the withholding agent. See instructions for Form 590, General Information E, for the definition of permanent place of business.

Partnerships:

The above-named partnership has a permanent place of business in California at the address shown above or is registered with the California Secretary of State, and is subject to the laws of California. The partnership will file a California tax return and will withhold on foreign and domestic nonresident partners when required. If the partnership ceases to do any of the above, I will promptly inform the withholding agent. **Note:** For withholding purposes, a Limited Liability Partnership is treated like any other partnership.

Limited Liability Companies (LLC):

The above-named LLC has a permanent place of business in California at the address shown above or is registered with the California Secretary of State, and is subject to the laws of California. The LLC will file a California tax return and will withhold on foreign and domestic nonresident members when required. If the LLC ceases to do any of the above, I will promptly inform the withholding agent.

Tax-Exempt Entities:

The above-named entity is exempt from tax under California or federal law. The tax-exempt entity will withhold on payments of California source income to nonresidents when required. If this entity ceases to be exempt from tax, I will promptly inform the withholding agent.

Insurance Companies, IRAs, or Qualified Pension/Profit Sharing Plans:

The above-named entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.

California Irrevocable Trusts:

At least one trustee of the above-named irrevocable trust is a California resident. The trust will file a California fiduciary tax return and will withhold on foreign and domestic nonresident beneficiaries when required. If the trustee becomes a nonresident at any time, I will promptly inform the withholding agent.

Estates — Certification of Residency of Deceased Person:

I am the executor of the above-named person's estate. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return and will withhold on foreign and domestic nonresident beneficiaries when required.

CERTIFICATE: Please complete and sign below.

Under penalties of perjury, I hereby certify that the information provided herein is, to the best of my knowledge, true and correct. If conditions change, I will promptly inform the withholding agent.

Vendor/Payee's name and title (type or print) _____

Vendor/Payee's signature ► _____ Date _____

Instructions for Form 590

Withholding Exemption Certificate

References in these instructions are to the California Revenue and Taxation Code (R&TC).

General Information

A Purpose

Use Form 590 to certify an exemption from nonresident withholding. Complete and present Form 590 to the withholding agent. The withholding agent will then be relieved of the withholding requirements if the agent relies in good faith on a completed and signed Form 590 unless told by the Franchise Tax Board (FTB) that the form should not be relied upon.

Important – This form cannot be used for exemption from wage withholding. Any questions regarding wage withholding should be directed to the California Employment Development Department.

Do not use Form 590 if you are a seller of California real estate. Sellers of California real estate should use Form 593-C, Real Estate Withholding Certificate.

B Law

R&TC Section 18662 requires withholding of income or franchise tax on payments of California source income made to nonresidents of this state.

Withholding is required on:

- Payments to nonresidents for services rendered in California;
- Distributions of California source income made to domestic nonresident partners and members and allocations of California source income made to foreign partners and members;
- Payments to nonresidents for rents if the payments are made in the course of the withholding agent's business;
- Payments to nonresidents for royalties for the right to use natural resources located in California;
- Distributions of California source income to nonresident beneficiaries from an estate or trust; and
- Prizes and winnings received by nonresidents for contests in California.

For more information on withholding and waiver requests, get FTB Pub. 1017, Nonresident Withholding Partnership Guidelines, and FTB Pub. 1023, Nonresident Withholding Independent Contractor, Rent and Royalty Guidelines. To get a withholding publication see General Information G.

C Who can Execute this Form

Form 590 can be executed by the entities listed on this form.

Note: In a situation where payment is being made for the services of a performing entity, this form can only be completed by the performing entity or the performing entity's partnership or corporation. It **cannot** be completed by the performing entity's agent or other third party.

Note: The grantor of a revocable/grantor trust shall be treated as the vendor/payee for withholding purposes. Therefore, if the vendor/payee is a revocable/grantor trust and one or

more of the grantors is a nonresident, withholding is required. If all of the grantors of a revocable/grantor trust are residents, no withholding is required. Resident grantors can check the box on Form 590 labeled "Individuals — Certification of Residency."

D Who is a Resident

A California resident is any individual who is in California for other than a temporary or transitory purpose or any individual domiciled in California who is absent for a temporary or transitory purpose.

An individual domiciled in California who is absent from California for an uninterrupted period of at least 546 consecutive days under an employment-related contract is considered outside California for other than a temporary or transitory purpose.

Note: Return visits to California that do not total more than 45 days during any taxable year covered by the employment contract are considered temporary.

This provision does not apply if an individual has income from stocks, bonds, notes, or other intangible personal property in excess of \$200,000 in any taxable year in which the employment-related contract is in effect.

A spouse who is absent from California for an uninterrupted period of at least 546 days to accompany a spouse who is under an employment-related contract is considered outside of California for other than a temporary or transitory purpose.

Generally, an individual who comes to California for a purpose which will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident. For assistance in determining resident status, get FTB Pub. 1031, Guidelines for Determining Resident Status, or call the Franchise Tax Board at (800) 852-5711 or (916) 845-6500 (not toll-free).

E What is a Permanent Place of Business

A corporation has a permanent place of business in California if it is organized and existing under the laws of California or if it is a foreign corporation qualified to transact intrastate business by the California Secretary of State. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in California only if it maintains a permanent office in California that is permanently staffed by its employees.

F Withholding Agent

Keep Form 590 for your records. Do not send this form to the FTB unless it has been specifically requested.

Note: If the withholding agent has received Form 594, Notice to Withhold Tax at Source, only the performing entity can complete and sign Form 590 as the vendor/payee. If the performing entity completes and signs Form 590 indicating no withholding requirement, you must send a copy of Form 590 with Form 594 to the FTB.

For more information, contact the Nonresident Withholding Section. See General Information G. The vendor/payee must notify the withholding agent if:

- The individual vendor/payee becomes a nonresident;
- The corporation ceases to have a permanent place of business in California or ceases to be qualified to do business in California;
- The partnership ceases to have a permanent place of business in California;
- The LLC ceases to have a permanent place of business in California; or
- The tax-exempt entity loses its tax-exempt status.

The withholding agent must then withhold. Remit the withholding using Form 592-A, Nonresident Withholding Remittance Statement, and complete Form 592, Nonresident Withholding Annual Return, and Form 592-B, Nonresident Withholding Tax Statement. Get Instructions for Forms 592, 592-A, and 592-B for due dates and other withholding information.

G Where to get Publications, Forms, and Additional Information

You can download, view, and print FTB Publications 1017, 1023, 1024, and nonresident withholding forms, as well as other California tax forms and publications not related to nonresident withholding from our Website at: www.ftb.ca.gov

You can also have nonresident withholding forms faxed to you by calling (800) 998-3676. To have publications or forms mailed to you or to get additional nonresident withholding information, please contact the Withholding Services and Compliance Section.

WITHHOLDING SERVICES AND
COMPLIANCE SECTION
FRANCHISE TAX BOARD
PO BOX 651
SACRAMENTO CA 95812-0651

Telephone: (888) 792-4900
(916) 845-4900 (not toll-free)
FAX: (916) 845-9512 (24 hours a day,
7 days a week)

Assistance for persons with disabilities:

We comply with the Americans with Disabilities Act. Persons with hearing or speech impairments please call TTY/TDD (800) 822-6268.

Asistencia bilingüe en español

Para obtener servicios en español y asistencia para completar su declaración de impuestos/formularios, llame al número de teléfono (anotado arriba) que le corresponde.